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APPLICANTS

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** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE
 [BEAT BALLS]

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